



Rate Review Division's FAQs

Rate Application Questions:

1.) When is my rate application due?

- A. *Standard Retroactivity—75 days before FYE*
- B. *Standard Non-Retroactivity—45 days before FYE*
- C. *Benchmarking—60 days before FYE*

Please refer to our website (www.hcawv.org) under Application Due Dates to find out the specific dates for the most recent fiscal year end deadlines.

2.) How do I calculate my projected and requested nongovernmental rates?

Calculate the rate by dividing the nongovernmental revenue as listed on the CBM-2/B-2 by the nongovernmental utilization which is listed on the CBM-1/B-1. The legal ad must match this calculation – both projected actual and budget.

3.) What if I do not publish the legal ad timely when filing the rate application?

The order for the rate increase would not be issued until at least 30 days after the publication and all required data has been filed and accepted by the Authority.

4.) Do I have to have all the required signatures before I file my rate application?

No. You can file the application but the signatures must be received before an order will be issued.

5.) Does my UFR filing need to match my Audited Financial filings?

Yes. If there are discrepancies then additional questions may be generated.

6.)What is my outlier threshold?

Please refer to your most recent rate order, either the Outlier Section or Order Section to determine the outlier threshold to be utilized.

7.)How should the case mix data be reported?

The hospital is directed to provide this information as outlined in the Rate Application Checklist: Account Number, Date of Discharge, DRG, Weight, Length of Stay, Total Charges, Financial Class Code, and Insurance Plan Code. NOTE: DRGs 390 and 391 with revenue code 170 and 171 should be excluded from the rate application and the CBM-9/B-9 when referring to the case mix. Outliers at the applicable threshold are to be removed from the calculation of an increase in CMI for justification of an overage.

8.)Is distinct part unit data to be included in acute care data?

Distinct part unit data is NOT to be included in acute care data EXCEPT for home health and hospice which IS included with acute care.

9.)Do I have to wait until my rate application to submit for approval of a new service?

No. New service request for approval must be submitted prior to implementing the new service pursuant to WV Code §65-5-13 and §65-5.10.3.3 and Policy Statement 2005-1. The request must be published 30 days prior to implementing the new service.

CBM/B-9 Questions: Rate Application and Quarterly Reports

1.)What are the due dates for the CBM-9/B-9 Quarterly Reports?

6/30 Hospitals	9/30 Hospital	12/30 Hospitals
1 st Quarter Due: 10/31	1 st Quarter Due: 01/31	1 st Quarter Due: 04/30
2 nd Quarter Due: 01/31	2 nd Quarter Due: 04/30	2 nd Quarter Due: 07/31
3 rd Quarter Due: 04/30	3 rd Quarter Due: 07/31	3 rd Quarter Due: 10/31
4 th Quarter Due: 07/31	4 th Quarter Due: 10/31	4 th Quarter Due: 01/31

2.) What does "exclude nursery" mean?

Exclude Nursery DRGs 390 and 391 and revenue codes 170 and 171.

3.) Can I use a new service as justification for an overage?

Yes. Only upon prior approval pursuant to Policy Statement 2006-3 entitled New Service as Justification of an Overage.

4.) What does most recent/last application mean?

The application from which the limit on line 4 was established.

5.) When do I complete the entire form?

- A. When submitting a Rate Application*
- B. Any quarter where there is an overage*
- C. At year end*

6.) When do I submit case mix/outlier backup data?

- A. Year end report, and*
- B. Rate Application*

Abeyance Reduction Program/Report Questions:

1.) What are the time-frames for submitting the plan, the mid year report and the year end report when participating in the Abeyance Reduction Program?

Please refer to the notification letter regarding the abeyance program and/or our website (www.hcawv.org) under Abeyance Plan Due Dates.

2.) Can we still participate in the abeyance program if we miss the deadlines?

Depending on the length of the time that has expired and the circumstances involved you may still participate at the discretion of the Authority. However, it is the responsibility of the hospital to adhere to all deadlines for participation in the Abeyance Reduction Program. Failure to meet ANY deadline may result in the hospital being eliminated from the program.

3.) In what format do I need to submit my abeyance plan and required reports?

- A. The Abeyance Reduction Program Budget Form must be used which is enclosed with the initial abeyance notification letter.*

- B. The Mid Year Report, which was enclosed with the letter approving your plan, must be completed for those events that have occurred within the first 6 months.*
- C. The Year End Report which was enclosed with the approval of the plan and should include the entire year actual data, not just the second half of the year.*

The standardized forms must be used and can be located on our website (www.hcawv.org).

Discount Contract Questions: Rate Application and Mid-Year

- 1.) Do I have to wait until my rate application is submitted to file a new discount contract for approval?**

No. A mid-year approval can be requested at any time.

- 2.) What may cause a delay regarding the approval of a mid-year discount contract?**

Delays occur due to incomplete contracts, contract not fully executed, and incomplete or missing DC form.

- 3.) Do I put contracts in the top and bottom section of the DCL form when it states "must separate"?**

No. When it indicates "must separate" only list those contracts on the bottom half of the form. A contract should never be listed in both the top and bottom portion of the form.